

MiCare Health Plan

Federated States of Micronesia

(Since 1983)

Association of Pacific Island Legislature
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PRESENTATION:

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Administrator

Membership Options

- Basic Option (BA)
- Supplemental Residents (SR)
- Supplemental Non-Residents (SN)
- Non-Referral Option (NR)
- Regional/International Agencies Option (RI)
- Veterans (Choice of BA or SR with applicable premiums)

Annual Total	Employee's Share	Employer's Share
\$429.52	\$206.17	\$223.35
\$974.48	\$467.75	\$506.73
\$1,337.96	\$642.22	\$695.74
\$214.76	\$103.08	\$111.68
\$1,337.96	\$642.22	\$695.74

Enrollment

Agencies and Private Businesses	5409	28%
Pohnpei State	5173	27%
FSM National Gov't	2904	15%
Kosrae State	1905	10%
College of Micronesia	1376	7%
Yap State	774	4%
FSM Telecom	598	3%
Chuuk State	336	2%
Others	716	4%
Total	19191	100%

Net Assets (Goal: \$2.5 mil)

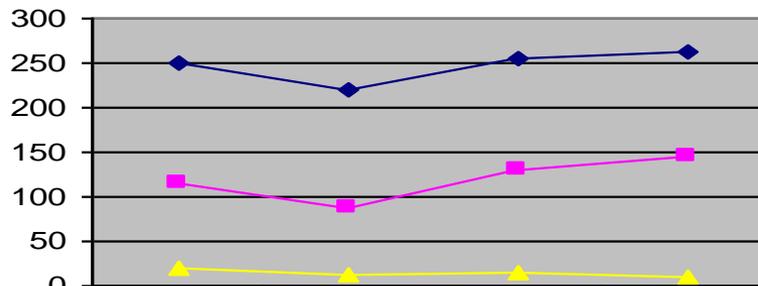
Net Asset: FY2005-FY2013)



Type of Services (Coverage)

- Medical Services (OP, IP, Pharmacy, etc.)
- Dental Care with limitations
- Vision Care with limitations
- Prosthesis (50-50 cost sharing)
- Medical Referrals & Self-Referrals

Referral Discharges, FY1009-2012



◆ Basic Referral	249	220	254	263
■ Supplemental Residents	114	88	129	144
▲ Supplemental Non-Residents	21	13	15	10

Year	Yrly Cost	Accum Ave
2004	\$2,810,983	\$2,810,983
2005	\$2,970,896	\$2,890,940
2006	\$2,509,568	\$2,763,816
2007	\$2,464,380	\$2,688,957
2008	\$2,478,429	\$2,646,851
2009	\$2,065,113	\$2,549,895
2010	\$2,160,916	\$2,494,326
2011	\$2,600,962	\$2,507,656
2012*	\$2,469,095	\$2,503,371
2013**	\$2,494,473	\$2,502,482

EXCLUSIONS & LIMITATIONS

- **AIDS or HIV infections and related conditions (STD, etc)**
- **Alcohol Abuse and Drug Dependence/Addiction treatment and rehabilitation**
- **Durable medical equipment like CPAP and nebulizer machines, oxygen tanks, etc.**
- **Cosmetic Services**
- **Cancer with poor or terminal prognosis (less than 50% survival rate in five years)**
- **Custodial, Domiciliary or Convalescent Care**
- **Experimental or investigative services**

Exclusions/Limitations (2)

- **Amyotrophic Lateral Sclerosis**
- **Long term physical and rehabilitation therapy/services**
- **Hemodialysis and related services**
- **Hydrocephalus cases**
- **Organ transplant procedures**
- **Congenital defects and abnormalities**
- **Procedures not generally and customarily available**
- **Temporomandibular joint (TMJ) and related diseases**
- **Injuries related to misconduct, negligence,**

INCLUSION

	Guam	Saipan	Hawaii
Opportunity	The new GRMC (130 beds)		
Population	13,588 (2012)	4,286 (2012)	7,948 (2012)
Prevailing Issues	Part-time employees	Non-Affiliation	Demand is low
Main Affiliated Hospital	The Doctors Clinic	None	Straub Clinic

Weaknesses

- Prescription Benefits (Chronic Refills)
- Fragmented Participation
 - Chuuk State Health Plan
 - Yap's Participation
- Restriction of applying pre-existing medical conditions
- Costly Medical Referrals & Transportation (95/5)
- Limited Diagnostic and Treatment Capacities
- Low Enrollment/Participation from citizens (about 20%)

Recommendations

- Upgrade Diagnostic & Treatment Facilities in the APIL Region including possibility of a Centralized Referral Facility.
- Exclude benefits with drain-out potentials (prescription benefits, off-island referrals, pre-existing conditions, etc.)
- Adopt “preferred” facilities with negotiated fee schedules or capitation arrangements

Impact to MiCare if a Regional UHI Plan

- Single Payer -The government provides insurance for all residents/citizens and pays all health care expenses except for co-pays and coinsurance MiCare will be more likely cease operation. (Norway, Japan, U.K. Kuwait, Canada, Brunei, Cyprus, etc.)
- Under a 2-Tier System, MiCare will continue to provide more specialized services while government (UHI) mandates minimum insurance coverage for all residents or citizens (example: N.Z., Hong Kong, Singapore, Israel, etc.)

Impact (Cont)

- Insurance Mandate System – The government mandates that all citizens purchase insurance. While this is an unlikely option to the region, MiCare may be around to compete with much restrictions (Ex: Germany, Belgium, Austria, South Korea, Switzerland, Luxembourg, and maybe U.S?)

Considerations

- UHI will increase access to health care hence increase life expectancy and decrease mortality (incl. infant mortality);
- Improve Diagnostic and Treatment facilities in the region to avoid resorting to off-island referrals.

Considerations (2)

- Commitment to Financial Supports:
 1. U.S. 18% of annual budget
 2. Rwanda: 20% of its annual budget comes from tax, premiums, and international donations
 3. Thailand: 100% public funding
 4. South Korea: 6.30% w/ high premiums
 5. Moldova: Employees Chip in through Payroll tax or flat rate
 6. Kuwait: Oil income (1950 Free Comprehensive Health Care)



Thank You!

Inquiries:

Consultancies to perform the following tasks for MiCare

- 1. Actuarial Studies**
- 2. Claim Audits**

A tropical sunset scene with palm fronds in the foreground and a large white question mark in the center. The sky is a mix of blue, orange, and yellow, with silhouettes of hills and water in the background.

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